

**UNITED STATES DISTRICT COURT
FOR THE EASTERN DISTRICT OF PENNSYLVANIA**

STEPHEN HARRISON COCKBURN,

v.

NATIONAL BOARD OF MEDICAL
EXAMINERS.

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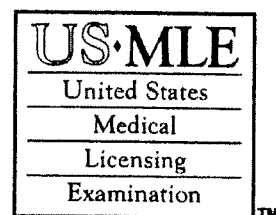
CIVIL ACTION No. 10-1407-JS

DECLARATION OF CATHERINE FARMER

EXHIBITS 1-11

EXHIBIT 1

United States Medical Licensing Examination™



GUIDELINES TO REQUEST TEST ACCOMMODATIONS

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Test Accommodations

How to Request Test Accommodations

1. Read the Guidelines carefully.
 - Share them with the professional who will be helping you prepare your documentation.
2. Read the instructions for completing the Applicant's Request for Test Accommodations.
3. Complete the **Step 1 and Step 2 Clinical Knowledge Applicant's Request for Test Accommodations** or the **Step 2 Clinical Skills Applicant's Request for Test Accommodations**.
 - Be sure to sign the request form where indicated.
4. If appropriate, have your medical school complete the **Certification of Prior Test Accommodations** form.
5. Attach documentation of the disability and your need for accommodation.
 - Compare your documentation with the information listed in these guidelines to ensure a complete submission.
 - Incomplete documentation will delay processing of your request.
6. Send your request for test accommodations and supporting documentation to the appropriate registration entity as noted below:

Examination:	Type of applicant:	To request test accommodations, contact:
Step 1 or Step 2 (CK or CS)	Students and graduates of medical schools in the United States and Canada	Disability Services National Board of Medical Examiners 3750 Market Street Philadelphia, PA 19104-3190 (215) 590-9509
Step 1 or Step 2 (CK or CS)	Students and graduates of medical schools outside the United States and Canada	Test Accommodations Coordinator Educational Commission for Foreign Medical Graduates 3624 Market Street Philadelphia, PA 19104-2685 USA (215) 386-5900
Step 3	All medical school graduates who have passed Step 1 and Step 2	Coordinator for Special Examination Services Federation of State Medical Boards PO Box 619850 Dallas, TX 75261-9850

Mail your request for test accommodations to the address above *at the same time* you mail your examination application to the address shown in the registration materials.

DO NOT SUBMIT:

- Original documents; keep the original and submit a copy
- Research articles, resumes, curriculum vitas
- Handwritten letters from physicians or evaluators
- Documentation previously submitted to Disability Services
- Documentation previously submitted to your registration entity
- Previous correspondence from Disability Services
- Multiple copies of documentation (i.e., faxed and mailed copies of a document)
- Staples, clips, binders, page protectors, folders, or similar items

Please note that submitting duplicate documentation and/or bound documentation may delay a decision regarding your request as all documentation must be processed.

DO SUBMIT:

- Legible copies
- All documents in English. You are responsible for providing certified English translations of foreign-language documentation
- Typed or printed letters and reports from evaluators
- Documentation from childhood if you are requesting accommodations based on a developmental disorder, i.e. LD, ADHD, Dyslexia
- Documentation of your functional impairment in activities *beyond test-taking*
- Documentation of your functional impairment *beyond self-report*

Introduction

The United States Medical Licensing Examination Program provides reasonable and appropriate accommodations in accordance with the Americans with Disabilities Act for individuals with documented disabilities who demonstrate a need for accommodation. Examinees are informed of the availability of test accommodations in the *USMLE Bulletin of Information*, Application Instructions, and at the USMLE website.

The following information is provided for examinees, evaluators, medical school student affairs staff, faculty and others involved in the process of documenting a request for test accommodations. Applicants requesting test accommodations should share these guidelines with their evaluator, therapist, treating physician, etc., so that appropriate documentation can be assembled to support the request for test accommodations.

The Americans with Disabilities Act of 1990 (ADA) and accompanying regulations define a person with a disability as someone with a physical or mental impairment that substantially limits one or more major life activities such as walking, seeing, hearing, or learning. The purpose of documentation is to validate that the individual is covered under the Americans with Disabilities Act as a disabled individual.

The purpose of accommodations is to provide equal access to the USMLE testing program. Accommodations "match up" with the identified functional limitation so that the area of impairment is alleviated by an auxiliary aid or adjustment to the testing procedure. *Functional limitation refers to the behavioral manifestations of the disability that impede the individual's ability to function*, i.e., what someone cannot do on a regular and continuing basis as a result of the disability. For example, a functional limitation might be impaired vision so that the individual is unable to view the examination in the standard font size. An appropriate accommodation might be text enlargement. It is essential that the documentation provide a clear explanation of the functional impairment and a rationale for the requested accommodation.

While presumably the use of accommodations in the test activity will enable the individual to better demonstrate his/her knowledge mastery, accommodations are not a guarantee of improved performance, test completion or a passing score.

General Guidelines for all Disabilities

The following guidelines are provided to assist the applicant in documenting a need for accommodation based on an impairment that substantially limits one or more major life activities. Documentation submitted in support of a request may be referred to experts in the appropriate area of disability for a fair and impartial professional review.

The examinee must personally initiate a written request for accommodations or for release of information relative to an accommodations request. All documentation submitted in support of a request for accommodations is confidential. No information concerning a request for accommodations is released without a written request from the examinee. Accommodations requests by a third party (such as an evaluator or medical school) cannot be honored.

To support a request for test accommodations, please submit the following:

1. Completed Step 1 and Step 2 CK Applicant's Request for Test Accommodations or Step 2 CS Applicant's Request for Test Accommodations.
2. A detailed, comprehensive written report describing your disability and its severity and justifying the need for the requested accommodations.

The following characteristics are expected of all documentation submitted in support of a request for accommodations. Documentation must:

state a specific diagnosis of the disability.

A professionally recognized diagnosis for the particular category of disability is expected, e.g., the DSM-IV diagnostic categories for learning disorders.

be current.

Because the provision of reasonable accommodations is based on assessment of the current impact of the examinee's disability on the testing activity, it is in the individual's best interest to provide recent documentation. As the manifestations of a disability may vary over time and in different settings, in most cases an evaluation should have been conducted within the past three years, e.g., visual or neuromuscular conditions are often subject to change and should be updated for current functioning.

describe the specific diagnostic criteria and name the diagnostic tests used, including date(s) of evaluation, specific test results and a detailed interpretation of the test results.

This description should include the results of diagnostic procedures and tests utilized and should include relevant educational, developmental, and medical history. Specific test results should be reported to support the diagnosis, e.g., documentation for an examinee with multiple sclerosis should include specific findings on the neurological examination including functional limitations and MRI or other studies, if relevant.

Diagnostic methods used should be appropriate to the disability and current professional practices within the field. Informal or non-standardized evaluations should be described in enough detail that other professionals could understand their role and significance in the diagnostic process.

describe in detail the individual's limitations due to the diagnosed disability, i.e., a demonstrated impact on functioning vis-a-vis the USMLE and explain the relationship of the test results to the identified limitations resulting from the disability. The current functional impact on physical, perceptual and cognitive abilities should be fully described, e.g., an examinee with macular degeneration has reduced central vision which limits the ability to read.

recommend specific accommodations and/or assistive devices including a detailed explanation of why these accommodations or devices are needed and how they will reduce the impact of the identified functional limitations, e.g., a learning disabled individual who has difficulty decoding might require an oral rendition of the exam.

establish the professional credentials of the evaluator that qualify him/her to make the particular diagnosis, including information about license or certification and specialization in the area of the diagnosis. The evaluator should present evidence of comprehensive training and direct experience in the diagnosis and treatment of adults in the specific area of disability.

3. If no prior accommodations have been provided, the qualified professional expert should include a detailed explanation as to why no accommodations were given in the past and why accommodations are needed now.

Learning Disorders

Documentation for applicants submitting a request for accommodations based on a learning disorder or other cognitive impairment should contain all of the items listed in the General Guidelines section. The following information explains the additional issues documentation must address relative to learning disorders.

1. The evaluation must be conducted by a qualified professional.
The diagnostician must have comprehensive training in the field of learning disorders and must have comprehensive training and direct experience in working with an adult population.
2. Testing/assessment must be current.
The determination of whether an individual is significantly limited in functioning according to Americans with Disabilities Act (ADA) criteria is based on assessment of the current impact of the impairment. (See General Guidelines). A developmental disorder such as a learning disorder originates in childhood and, therefore, information which demonstrates a history of impaired functioning should also be provided.
3. Documentation must be comprehensive.
Objective evidence of a substantial limitation in cognition or learning must be provided. At a minimum, the comprehensive evaluation should include the following:

A diagnostic interview and history taking

Because learning disorders are commonly manifested during childhood, though not always formally diagnosed, relevant historical information regarding the individual's academic history and learning processes in elementary, secondary and postsecondary education should be investigated and documented. The report of assessment should include a summary of a comprehensive diagnostic interview that includes relevant background information to support the diagnosis. In addition to the candidate's self-report, the report of assessment should include:

- A description of the presenting problem(s);
- A developmental history;
- Relevant academic history including results of prior standardized testing, reports of classroom performance and behaviors including transcripts, study habits and attitudes and notable trends in academic performance;
- Relevant family history, including primary language of the home and current level of fluency in English;
- Relevant psychosocial history;
- Relevant medical history including the absence of a medical basis for the present symptoms;
- Relevant employment history;
- A discussion of dual diagnosis, alternative or co-existing mood, behavioral, neurological and/or personality disorders along with any history of relevant medication and current use that may impact the individual's learning; and
- Exploration of possible alternatives that may mimic a learning disorder when, in fact, one is not present

A psychoeducational or neuropsychological evaluation

The psychoeducational or neuropsychological evaluation must be submitted on the letterhead of a qualified professional and it must provide clear and specific evidence that a learning or cognitive disability does or does not exist.

Assessment must consist of a comprehensive battery of tests

A diagnosis must be based on the aggregate of test results, history and level of current functioning. It is not acceptable to base a diagnosis on only one or two subtests.

Objective evidence of a substantial limitation to learning must be presented.

Tests must be appropriately normed for the age of the patient and must be administered in the designated standardized manner.

Minimally, the domains to be addressed should include the following:

Cognitive Functioning

A complete cognitive assessment is essential with all subtests and standard scores reported. Acceptable measures include but are not limited to: Wechsler Adult Intelligence Scale-III (WAIS-III); Woodcock Johnson Psychoeducational Battery-III (WJ-III); Tests of Cognitive Ability; Kaufman Adolescent and Adult Intelligence Test.

Achievement

A comprehensive achievement battery with all subtests and standard scores is essential. The battery must include current levels of academic functioning in relevant areas such as reading (decoding and comprehension) and mathematics. Acceptable instruments include, but are not limited to, the Woodcock-Johnson Psychoeducational Battery-III (WJ-III); Tests of Achievement; The Scholastic Abilities Test for Adults (SATA); Woodcock Reading Mastery Tests-III (WRMT).

Specific achievement tests are useful instruments when administered under standardized conditions and when interpreted within the context of other diagnostic information. The Wide Range Achievement Test-3 (WRAT-3) and the Nelson-Denny Reading Test are not comprehensive diagnostic measures of achievement and therefore neither is acceptable if used as the sole measure of achievement.

Information Processing

Specific areas of information processing (e.g., short- and long-term memory, sequential memory, auditory and visual perception/processing, auditory and phonological awareness, processing speed, executive functioning, motor ability) must be assessed. Acceptable measures include, but are not limited to, the Detroit Tests of Learning Aptitude - Adult (DTLA-A), Wechsler Memory Scale-III (WMS-III), information from the Woodcock Johnson Psychoeducational Battery-III (WJ-III); Tests of Cognitive Ability, as well as other relevant instruments that may be used to address these areas.

Other Assessment Measures

Other formal assessment measures or nonstandard measures and informal assessment procedures or observations may be integrated with the above instruments to help support a differential diagnosis or to disentangle the learning disability from co-existing neurological and/or psychiatric issues. In addition to standardized test batteries, nonstandardized measures and informal assessment procedures may be helpful in determining performance across a variety of domains.

Actual test scores must be provided (standard scores where available). Evaluators should use the most recent form of tests and should identify the specific test form as well as the norms used to compute scores. It is helpful to list all test data in a score summary sheet appended to the evaluation. Age norms where available should be provided.

Records of academic history should be provided.

Because learning disabilities are most commonly manifested during childhood, relevant records detailing learning processes and difficulties in elementary, secondary and postsecondary education should be included. Such records as grade reports, transcripts, teachers' comments and the like will serve to substantiate self-reported academic difficulties in the past and currently.

Provide score reports for standardized tests (e.g., SAT, ACT, GRE, GMAT, MCAT) and indicate what, if any, accommodations were provided.

A differential diagnosis must be reviewed and various possible alternative causes for the identified problems in academic achievement should be ruled out. The evaluation should address key constructs underlying the concept of learning disabilities and provide clear and specific evidence of the information processing deficit(s) and how these deficits currently impair the individual's ability to learn. No single test or subtest is a sufficient basis for a diagnosis.

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- The differential diagnosis must demonstrate that:
 - Significant difficulties persist in the acquisition and use of listening, speaking, reading, writing or reasoning skills.
 - The problems being experienced are not primarily due to lack of exposure to the behaviors needed for academic learning or to an inadequate match between the individual's ability and the instructional demands.

A clinical summary must be provided.

A well-written diagnostic summary based on a comprehensive evaluative process is a necessary component of the report. Assessment instruments and the data they provide do not diagnose; rather, they provide important data that must be integrated with background information, historical information and current functioning. It is essential then that the evaluator integrate all information gathered in a well-developed clinical summary. The following elements must be included in the clinical summary:

- Demonstration of the evaluators having ruled out alternative explanations for the identified academic problems as a result of poor education, poor motivation and/or study skills, emotional problems, attentional problems and cultural or language differences;
- Indication of how patterns in cognitive ability, achievement and information processing are used to determine the presence of a learning disability;
- Indication of the substantial limitation to learning presented by the learning disability and the degree to which it impacts the individual in the context of the USMLE; and
- Indication as to why specific accommodations are needed and how the effects of the specific disability are mediated by the recommended accommodation(s).

Problems such as test anxiety, English as a second language (in and of itself), slow reading without an identified underlying cognitive deficit or failure to achieve a desired academic outcome are not learning disabilities and therefore are not covered under the Americans with Disabilities Act.

Each accommodation recommended by the evaluator must include a rationale.

The evaluator must describe the impact the diagnosed learning disability has on a specific major life activity as well as the degree of significance of this impact on the individual. The diagnostic report must include specific recommendations for accommodations and a detailed explanation as to why each accommodation is recommended. Recommendations must be tied to specific test results or clinical observations. The documentation should include any record of prior accommodation or auxiliary aids, including any information about specific conditions under which the accommodations were used and whether or not they were effective. However, a prior history of accommodation, without demonstration of a current need, does not in and of itself warrant the provision of a like accommodation. If no prior accommodation(s) has been provided, the qualified professional expert should include a detailed explanation as to why no accommodation(s) was used in the past and why accommodation(s) is needed at this time.

Attention-Deficit/Hyperactivity Disorder (ADHD)

Documentation for applicants submitting a request for accommodations based on an Attention-Deficit/Hyperactivity Disorder (ADHD) should contain all of the items listed in the General Guidelines section. The following information explains the additional issues documentation must address relative to ADHD.

1. The evaluation must be conducted by a qualified diagnostician.

Professionals conducting assessments and rendering diagnoses of ADHD must be qualified to do so. Comprehensive training in the differential diagnosis of ADHD and other psychiatric disorders and direct experience in diagnosis and treatment of adults is necessary. The evaluator's name, title and professional credentials, including information about license or certification as well as the area of specialization, employment and state in which the individual practices should be clearly stated in the documentation.

2. Testing/assessment must be current.

The determination of whether an individual is "significantly limited" in functioning is based on assessment of the current impact of the impairment on the USMLE testing program. (See General Guidelines)

3. Documentation necessary to substantiate the Attention-Deficit/Hyperactivity Disorder must be comprehensive.

Because ADHD is, by definition, first exhibited in childhood (although it may not have been formally diagnosed) and in more than one setting, objective, relevant, historical information is essential. Information verifying a chronic course of ADHD symptoms from childhood through adolescence to adulthood, such as educational transcripts, report cards, teacher comments, tutoring evaluations, job assessments and the like are necessary.

- a. The evaluator is expected to review and discuss DSM-IV diagnostic criteria for ADHD and describe the extent to which the patient meets these criteria. The report must include information about the specific symptoms exhibited and document that the patient meets criteria for long-standing history, impairment and pervasiveness.
- b. A history of the individual's presenting symptoms must be provided, including evidence of ongoing impulsive/hyperactive or inattentive behaviors (as specified in DSM-IV) that significantly impair functioning in two or more settings.
- c. The information collected by the evaluator must consist of more than self-report. Information from third party sources is critical in the diagnosis of adult ADHD. Information gathered in the diagnostic interview and reported in the evaluation should include, but not necessarily be limited to, the following:
 - History of presenting attentional symptoms, including evidence of ongoing impulsive/hyperactive or inattentive behavior that has significantly impaired functioning over time;
 - Developmental history;
 - Family history for presence of ADHD and other educational, learning, physical or psychological difficulties deemed relevant by the examiner;
 - Relevant medical and medication history, including the absence of a medical basis for the symptoms being evaluated;
 - Relevant psychosocial history and any relevant interventions;
 - A thorough academic history of elementary, secondary and postsecondary education;
 - Review of psychoeducational test reports to determine if a pattern of strengths or weaknesses is supportive of attention or learning problems;
 - Evidence of impairment in several life settings (home, school, work, etc.) and evidence that the disorder significantly restricts one or more major life activities.
 - Relevant employment history;
 - Description of current functional limitations relative to an educational setting and to USMLE in particular that are presumably a direct result of the described problems with attention;
 - A discussion of the differential diagnosis, including alternative or co-existing mood, behavioral, neurological and/or personality disorders that may confound the diagnosis of ADHD;

- Exploration of possible alternative diagnoses that may mimic ADHD; and

4. Relevant Assessment Batteries

A neuropsychological or psychoeducational assessment may be necessary in order to determine the individual's pattern of strengths or weaknesses and to determine whether there are patterns supportive of attention problems. Test scores or subtest scores alone should not be used as the sole basis for the diagnostic decision. Scores from subtests on the Wechsler Adult Intelligence Scale - III (WAIS - III), memory functions tests, attention or tracking tests or continuous performance tests do not in and of themselves establish the presence or absence of ADHD. They may, however, be useful as one part of the process in developing clinical hypotheses. Checklists and/or surveys can serve to supplement the diagnostic profile but by themselves are not adequate for the diagnosis of ADHD. When testing is used, standard scores must be provided for all normed measures.

- Age norms where available

5. Identification of DSM-IV Criteria

A diagnostic report must include a review of the DSM-IV criteria for ADHD both currently and retrospectively and specify which symptoms are present (see DSM-IV for specific criteria). According to DSM-IV, "the essential feature of ADHD is a persistent pattern of inattention and/or hyperactivity-impulsivity that is more frequent and severe than is typically observed in individuals at a comparable level of development." Other criteria include:

- Symptoms of hyperactivity-impulsivity or inattention that cause impairment that were present in childhood.
- Current symptoms that have been present for at least the past six months.
- Impairment from the symptoms present in two or more settings (school, work, home).

6. Documentation Must Include a Specific Diagnosis

The report must include a specific diagnosis of ADHD based on the DSM-IV diagnostic criteria. Individuals who report problems with organization, test anxiety, memory and concentration only on a situational basis do not fit the prescribed diagnostic criteria for ADHD. Given that many individuals benefit from prescribed medications and therapies, a positive response to medication by itself is not supportive of a diagnosis, nor does the use of medication in and of itself either support or negate the need for accommodation.

7. A Clinical Summary Must Be Provided

A well-written diagnostic summary based on a comprehensive evaluative process is a necessary component of the assessment. The clinical summary must include:

- Demonstration of the evaluators having ruled out alternative explanations for inattentiveness, impulsivity, and/or hyperactivity as a result of psychological or medical disorders or non-cognitive factors;
- Indication of how patterns of inattentiveness, impulsivity and/or hyperactivity across the life span and across settings are used to determine the presence of ADHD;
- Indication of the substantial limitation to learning presented by ADHD and the degree to which it impacts the individual in the context for which accommodations are being requested (e.g., impact on the USMLE program); and
- Indication as to why specific accommodations are needed and how the effects of ADHD symptoms, as designated by the DSM-IV, are mediated by the accommodation(s).

8. Each accommodation recommended by the evaluator must include a rationale.

The evaluator must describe the impact of ADHD (if one exists) on a specific major life activity as well as the degree of

significance of this impact on the individual. The diagnostic report must include specific recommendations for accommodations. A detailed explanation must be provided as to why each accommodation is recommended and should be correlated with specific identified functional limitations. Prior documentation may have been useful in determining appropriate services in the past. However, documentation should validate the need for accommodation based on the individual's current level of functioning. The documentation should include any record of prior accommodation or auxiliary aid, including information about specific conditions under which the accommodation was used (e.g., standardized testing, final exams, NBME subject exams, etc.). *However, a prior history of accommodation without demonstration of a current need does not in itself warrant the provision of a similar accommodation.* If no prior accommodation has been provided, the qualified professional and/or individual being evaluated should include a detailed explanation as to why no accommodation was used in the past and why accommodation is needed at this time.

Because of the challenge of distinguishing ADHD from normal developmental patterns and behaviors of adults, including procrastination, disorganization, distractibility, restlessness, boredom, academic underachievement or failure, low self-esteem and chronic tardiness or inattentance, a multifaceted evaluation must address the intensity and frequency of the symptoms and whether these behaviors constitute an impairment in a major life activity.

Guidelines for Documenting Vision Impairments

In addition to the General Guidelines for all disabilities, the following information is provided to assist the applicant in documenting a need for accommodation based on a visual impairment.

Comprehensive evaluation reports of visual functioning should include:

- A detailed discussion of how the individual's specific signs, symptoms, and assessment results meet professionally recognized diagnostic criteria for the identified visual impairment. Relevant history and course of the presenting symptoms should be provided and the documentation should identify whether the condition is stable or could be expected to fluctuate. The individual's best corrected visual acuities, for both distance and near, must be specified. Where relevant to the diagnosis, comprehensive documentation should also include detailed information about the health of the eye(s), visual fields, binocular functioning, accommodative functioning, oculomotor functioning, and/or other pertinent information.
- Actual scores and results from all tests, procedures, measurements, and scales administered to demonstrate the level of impairment to vision functioning must be provided. These assessment data are imperative to allow for a professional review. When relevant to the impairment, examples of such data are: visual acuities (best-corrected for near and distance), visual field print-outs, specific tests of accommodation (e.g., relative accommodation, amplitudes, facility, dynamic or near-point retinoscopy), specific tests of vergence (e.g., nearpoint of convergence, cover test, prism vergences, facility), specific tests of reading eye movements (e.g., Developmental Eye Movement test, photo-electric oculogram).
- Detailed information about what therapy, medication, and low-vision aids are being used to treat the impairment, and the effectiveness of these interventions, including all relevant post-therapy data.
- Specific information concerning the current functional limitations imposed by the visual impairment (what the individual can and cannot do on a regular and continuing basis).
- A specific recommendation for all accommodations requested, *including low vision aids*, and an explanation of how the accommodations will reduce the impact of the identified functional limitations on the testing activity.
- Documentation should be typewritten and submitted on the professional's letterhead and be signed and dated by the evaluator. Handwritten notes, letters, or prescriptions are not sufficient to demonstrate substantial visual impairments.

Visual impairment in one eye only can often significantly impact the ability to perform three-dimensional tasks, such as driving or playing some sports. However, monocular conditions, in and of themselves, have not been shown to cause a substantial limitation in the ability to read or perform other two-dimensional tasks at near. Therefore, requests for accommodations for computer-based tests based on visual impairment in only one eye need to provide data to demonstrate reduced functioning in the fellow eye, such as of accommodation (focusing) or reading eye movements (saccades).

What to Do

USMLE Step 1 and Step 2 CK and Step 2 CS

TO PROTECT YOUR CONFIDENTIALITY, ALWAYS SEND YOUR REQUEST AND DOCUMENTATION TOGETHER TO THE ADDRESS BELOW. Do not include these materials with your examination application.

Address all requests and inquiries to the appropriate registration entity:

Examination:	Type of applicant:	To request test accommodations, contact:
Step 1 or Step 2 (CK or CS)	Students and graduates of medical schools in the United States and Canada	Disability Services National Board of Medical Examiners 3750 Market Street Philadelphia, PA 19104-3190 (215) 590-9509
Step 1 or Step 2 (CK or CS)	Students and graduates of medical schools outside the United States and Canada	Test Accommodations Coordinator Educational Commission for Foreign Medical Graduates 3624 Market Street Philadelphia, PA 19104-2685 USA (215) 386-5900

Instructions regarding Step 3 test accommodations requests are available at the USMLE website (www.usmle.org) and the FSMB website (www.fsmb.org).

Test Accommodations

Test accommodations include but are not limited to the following:

- Assistance with keyboard tasks
- Audio rendition
- Extended testing time
- Additional break time
- Enlarged text and graphics
- Permission for assistive devices

Score Reporting

USMLE policy requires annotation of score reports and transcripts for Step administrations for which test accommodations were used. Score recipients who inquire about the annotation will be provided with information about the nature of the test accommodation only.

How to Submit a Request for Test Accommodations

If you have a documented disability covered under the Americans with Disabilities Act (ADA) and require test accommodations, you must notify the USMLE in writing each time you apply for Step 1, Step 2 CK or Step 2 CS. The forms described below are available at the USMLE website (www.usmle.org).

New Requests

Submit a completed form, *Step 1 and Step 2 CK Applicant's Request for Test Accommodations* or *Step 2 CS Applicant's Request for Test Accommodations* to the above address at the same time you submit your examination application.

Subsequent Request for Test Accommodations

If you received test accommodations for a previous USMLE Step (Step 1, Step 2 CK, and Step 2 CS) and would like the identical accommodations, please submit the following form(s) to the above address at the same time you send your examination application. This form constitutes your official notification.

- *Form for Requesting Subsequent Test Accommodations (Step 1 and Step 2 CK only)*
- *Form for Requesting Subsequent Test Accommodations (Step 2 CS)*

If you are requesting a change in accommodations or are previously approved for Step 1 or Step 2 CK but have not been approved for Step 2 CS, follow the instructions for New Requests above.

Certification of Prior Test Accommodations

If you received test accommodations in Medical School submit a completed Certification of Prior Test Accommodations to the above address along with your Step 1, Step 2 CK and Step 2 CS Applicant's Request for Test Accommodations.

DO NOT SUBMIT:

- Original documents; keep the original and submit a copy
- Research articles, resumes, curriculum vitas
- Handwritten letters from physicians or evaluators
- Documentation previously submitted to Disability Services
- Documentation previously submitted to your registration entity
- Previous correspondence from Disability Services
- Multiple copies of documentation (i.e., faxed and mailed copies of a document)
- Staples, clips, binders, page protectors, folders, or similar items
- Please note that submitting duplicate documentation and/or bound documentation may delay a decision regarding your request as all documentation must be processed.

DO SUBMIT:

- Legible copies
- All documents in English. You are responsible for providing certified English translations of foreign-language documentation
- Typed or printed letters and reports from evaluators
- Documentation from childhood if you are requesting accommodations based on a developmental disorder, i.e. LD, ADHD, Dyslexia
- Documentation of your functional impairment in activities beyond test-taking
- Documentation of your functional impairment beyond self-report

EXHIBIT 2



UNITED STATES MEDICAL LICENSING EXAMINATION™ (USMLE™)

Step 1 and Step 2 Clinical Knowledge Applicant's Request for Test Accommodations

You MUST provide supporting documentation verifying your functional impairment.
In order to document your need for accommodation as completely as possible, please attach:

- Evaluation reports of appropriate professionals printed on letterhead and signed by the evaluator(s)
- Primary documentation (report cards, teacher notes, behavioral observations, medical records, lab reports, etc.)
- A personal statement describing your disability and its impact on your daily life and educational functioning. Do not confine your comments to standardized test performance; rather discuss your overall functioning.
- Read documentation information on page 4.

Please note: NBME will acknowledge receipt of your request and audit your request for completeness. Submission of incomplete or illegible request forms and/or insufficient supporting documentation will slow the processing of your request. You may be asked to complete your request in a timely manner by submitting additional documentation.

Information regarding the granting or denial of test accommodations will not be released via telephone. All official communications regarding your request will be made in writing. Should you wish to modify or withdraw a request for test accommodations, please contact Disability Services at 215-590-9509.

Please type or print.

Accommodations are requested for the following Step examination (Use a separate form for each exam):

☒ Step 1 ☐ Step 2 Clinical Knowledge ☐ Step 2 Clinical Skills Year: 2009

Section A: Biographical Information

1. Name: Cockburn Stephen H.
Last First Middle Initial

2. Gender: ☒ Male ☐ Female

3. Date of Birth: _____

4. SS# _____
(if known)

5. USMLE # 5-220-977-6

6. Address: 2544 Rosy Rd Apt #103
Street
Silver Spring MD 20910
City State/Province Zip/Postal Code
U.S.
Country
(914) 368-6404
Daytime Telephone Number
Alternate Telephone Number
lun427@hotmail.com
E-mail address

7. Medical School: Howard University

(Over)

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Disability Services

Section B: Nature of Disability

8. Indicate the nature of the disability and the year it was first professionally diagnosed (select all that apply):

Sensory Impairments:

☐ Hearing Disability _____

☐ Visual Disability _____

Learning Impairments:

☒ Reading Disability 4/7/98
☒ Writing Disability 4/7/98
☐ Mathematics Disability _____

☐ Other: _____

Language Impairments:

☐ Receptive Language Disorder _____

☐ Expressive Language Disorder _____

☐ Mixed Receptive/Expressive Language Disorder _____

☐ Other: _____

Medical Impairments:

☐ Mobility/Motor _____

☐ Diabetes/Thyroid Dysfunction _____

☐ Epilepsy/Neurological _____

☐ Other: _____

Mental Health /Executive Function Impairments:

☐ Anxiety Disorder _____

☐ Mood Disorder/Depression _____

☐ Attention Deficit Hyperactivity Disorder _____

☐ Other: _____
Section C: Accommodations Information

10. What accommodation(s) are you requesting? Accommodation(s) must be appropriate to the disability:

I am requesting for double time b/c do
to my disability it takes me longer to
read & understand information than most students.

11. If you are requesting additional testing or break time, please indicate the amount of time requested (circle no more than one per Step).

STEP 1:
☐ Additional Break Time over 1 day

☐ Additional Break Time over 2 days

☐ Additional Testing Time – Time and one-half

☒ Additional Testing Time – Double Time

☐ Other (please specify): _____

(Continued on the next page)

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STEP 2:

- ☐ Additional Break Time over 2 days
 ☐ Additional Testing Time – Time and one-half
☐ Additional Testing Time – Double Time
☐ Other (please specify): _____

12. Do you require wheelchair access at the examination facility?

☐ yes
 ☐ no

If you require an adjustable height table, please indicate the number of inches from the floor: _____

Section D: Accommodation History

13. Prior classroom or test accommodations that you have received:

A. Standardized Examinations

☒ yes
 ☐ no

Medical College Admission Test (MCAT):

Month/Year 4/06

Accommodation received Time & a half

(If extra time, note amount given _____)

Other: SAT

Month/Year 11/98

Accommodation received Extra time (Double time)

(If extra time, note amount given _____)

B. Medical School

☒ yes
 ☐ no

Accommodation received Extra time (Double time)

Date Approved Just Approved (Spring 09)

If yes, have an appropriate official at your medical school complete the Certification of Prior Test Accommodations form.

C. College

☒ yes
 ☐ no

If yes, accommodations received Double time for test & Quizes

D. Secondary or elementary school

☒ yes
 ☐ no

If yes, accommodations received Double time for test & Quizes

(Over)

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14. Authorization:

I authorize the National Board of Medical Examiners (NBME) to contact the entities identified in Section D of this request form, and the professionals identified in the documentation I am submitting in connection with it, to obtain any or all of the following: confirmation, clarification, and/or further information. I authorize such entities and professionals to provide NBME with all requested confirmation, clarification, and further information.

Signature: 

Date: 4/21/09

DO NOT SUBMIT:

- Original documents; keep the original and submit a copy
- Research articles, resumes, curriculum vitas
- Handwritten letters from physicians or evaluators
- Handwritten letters from physicians or evaluators
- Documentation previously submitted to Disability Services
- Documentation previously submitted to your registration entity
- Previous correspondence from Disability Services
- Multiple copies of documentation (i.e., faxed and mailed copies of a document)
- Staples, clips, binders, page protectors, folders, or similar items

Please note that submitting duplicate documentation and/or bound documentation may delay a decision regarding your request as all documentation must be processed.

DO SUBMIT:

- Legible copies
- All documents in English. You are responsible for providing certified English translations of foreign-language documentation
- Typed or printed letters and reports from evaluators
- Documentation from childhood if you are requesting accommodations based on a developmental disorder, i.e. LD, ADHD, Dyslexia
- Documentation of your functional impairment in activities beyond test-taking
- Documentation of your functional impairment beyond self-report

Mail your completed questionnaire and documents to:

Students / Graduates of US & Canadian Medical Schools
Testing Coordinator, Disability Services, National Board of Medical Examiners,
3750 Market Street, Philadelphia, PA 19104-3190.
215-590-9509

Students / Graduates of International Medical Schools
Test Accommodations Coordinator, Educational Commission for Foreign Medical Graduates
3624 Market Street, Philadelphia, PA 19104 USA.

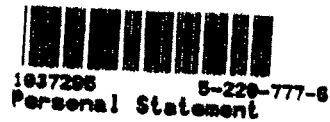
Please keep a copy of your completed request form for your records.

RECEIVED

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Disability Services

EXHIBIT 3



To whom it may concern,

This is a packet in regard to request extra time on the USMLE step 1. I am currently a 2nd year medical student at Howard school of medicine. The reason for me asking for extra time on this exam is due to the fact that I have a reading disorder. The main problem with this disorder is that it takes me longer than most people to read a piece of information, internalize it, and interpret the information. This places me at a huge disadvantage in comparison to other students. Class and test performance has always been a major struggle in my academic career. However, I was not diagnosed with a learning disability until my junior year in high school. After receiving extra time, my test scores received a modest increase however it wasn't until I reached my freshman year in college where I began to see significant improvement. My university granted me extra time and my grades were very reflective of that. When it came to the point of taking the MCAT, I tried to get extra time but was rejected the first time. My grades were good and I thought to myself that since I have done well in my classes that I would have no problem taking the MCAT regular time since it is the same sciences that I have been studying during my matriculation at NCCU. Again I was mistaken. I took the test three times and each time my score was considerably under the 20s. After taking the MCAT for a third time and being unsuccessful, I came to the conclusion that this as well as other standardized test was not just a regurgitation of the past 4 years but a detailed and complex presentation of what I had seen in my college career. For me the MCAT was new information that mixed with material that I should know and because of this I once again would have to read the passages, access what is going on in the passage and then answer the questions. For this I needed extra time. I received a second evaluation from Dr. Fillipowski and was told that my reading disability had gotten worse. Now it takes me longer than before to run through the information in my head to get to the appropriate answer. With this new information I was given time and half on the MCATs and had a 12 point increase. This score got me accepted to ECU and Howard University. Now in medical school I still struggle because due this reading disability it takes longer to go through volumes of information that is required for medical school. I get double time at Howard for all of my test, quizzes, and lab practical's. I have also joined a study group where we teach each other certain concepts as opposed to reading a 100 page chapter. One of my study group members takes my notes for me so that I can focus on what the professor is saying and not worry about writing and listening at the same time. Due to my reading disability I only get through lectures on an average twice (sometimes once) and I have performed on tests and practical's with passing grades. I realize that if I did not have double time on my tests I would not be able to finish them. On an average test day, I am up at 5 to study and then take a small groups test from 8 – 10 (the normal test length is 8-9). Then I have the written exam portion that for is from 1-6 (normally this is a 2 and half to three hour test). In conclusion, I am requesting double time for the USMLE step 1 because of my reading disability and because with out it not only am I at a significant disadvantage to other students, but I know that if I have to take it in a regular time frame I will not be able to finish the test let alone pass. If you have any questions please feel free to call or email me.

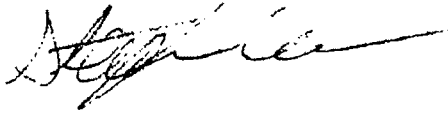
Thank you,

RECEIVED

APR 22 2009

Disability Services

Stephen Cockburn
MII Howard College of medicine
(919)368-6904
Lung27@hotmail.com

A handwritten signature in black ink, appearing to read "Stephen Cockburn", written in a cursive style.

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EXHIBIT 4

RAVENSCROFT SCHOOL
7409 Falls of the Neuse Road
Raleigh, North Carolina 27615



1937306 8-226-777-6
PSAT, ACT, SAT-Test Score

COLLEGE ADMISSIONS TEST RECORD

LAST COCKBURN FIRST STEPHEN M.I. H
Scores Percentiles
Verbal 48 44 Year 97
Math 44 32 Grade 11
Writing Skills 37 6
Selection Index 129 26
Optional Code
School Code 343233

PSAT/NMSQT

NAME OF STUDENT	SCHOOL IDENTIFICATION	TEST DATE
COCKBURN STEPHEN H		02 98
ACT		
TEST SCORES:	13 16 22	16 17 N
SUBSCORES:	04 08 07 09 09 09 13	26

LAST COCKBURN FIRST STEPHEN M.I. H
TEST DATE GRADE
MAR98 11
SAT I - V 490 SAT I - M 440
SAT Program
The College Board
Scores on Recentered Scale

COCKBURN STEPHEN H
AP EXAM GRADES 03/12/81
98:USHI 2

LAST COCKBURN FIRST STEPHEN M.I. H
TEST DATE GRADE
*NOV98 12
SAT I - V 510 SAT I - M 500
SAT Program
The College Board
Scores on Recentered Scale

LAST COCKBURN FIRST STEPHEN M.I. H
TEST DATE GRADE
*MAR99 12
SAT I - V 500 SAT I - M 500
SAT Program
The College Board
Scores on Recentered Scale

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APR 22 2000

Disability Services

EXHIBIT 5

1837388 8-228-777-8
School Records (elementar

RAVENSCROFT SCHOOL

FOUNDED 1862

Student Name: Stephen H. Cockburn

Relation: Jocelyn G. Cockburn

Birthdate:

Social Security Number:

Address: 7209 Fontana Place

Gender: Male

Raleigh, NC 27615

Date of Graduation: 06/05/1999

Year	Courses	SEM	SEM	YEAR	CE				
1995	English I	C	B-	C+	1.00				
to	Algebra I	C-	C	C	1.00				
1996	H. Biology	C	C	C	1.00				
	World Hist.	B+	B-	B	1.00				
	Inst. Ens.	A-	A-	A-	1.00				
	Health&P.E.	B+	A	A-	1.00				
	Grade Points								
	GPA CUM	2.833	2.918						
1996	English II	C	B-	C+	1.00				
to	Geometry	C-	C-	C-	1.00				
1997	Physical Sci	B-	B-	B-	1.00				
	Economics I	C		C	0.50				
	Intro. Govt.		B-	B-	0.50				
	Spanish I	D+	C	C	1.00				
	Inst. Ens.	B	A-	B+	1.00				
	Grade Points								
	GPA CUM	2.649	2.626						
1997	Eng. Comp		B	B	0.50				
to	English III	B	B-	B	1.00				
1998	Algebra II	C+	C	C+	1.00				
	Chemistry	C	C-	C	1.00				
	AP Am. Hist	C-	D	D	1.00				
	Spanish II	B	C	B-	1.00				
	Ballet II		B+	B+	0.50				
	Ensemble*	A-		A-	0.50				
	Grade Points								
	GPA CUM	2.657	2.605						
1998	English IV	B-		B-	0.50				
to	EngIV WLit2		D+	D+	0.50				
1999	Adv.Top.Math	C-	D+	C-	1.00				
	Physics	C	D-	D+	1.00				
	IntAmerHist	C+		C+	0.50				
	Spanish III	C+	B-	C+	1.00				
	Speech Dbt		B+	B+	0.50				
	Civil War	C+		C+	0.50				
	Ensemble		A	A	0.50				
	Grade Points								
	GPA CUM	2.551	2.511						
	Total Cumulative Credits								
	Credits Attempted:		24.50						

Lowest Numerical Equivalent

A/93 B/86 C/78 D/70

AP and Honors Courses

are weighted 1.00.

GPA BASED ONLY ON

RAVENSCROFT GRADES.

No. of Students in Senior

Class 81Quintile: 5th after 8

Semesters.

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Disability Services

Signature: [Signature]Title: [Signature]Date: 1 2 00

EXHIBIT 6

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APR 22 2009

AMCAS APPLICATION REPORT - 2007 ENTERING CLASS

Applicant Copy

REPORT DATE: 08/11/2006 04:34 PM SUBMISSION DATE: PROCESSED DATE:

Applicant's Legal Name: Mr. Stephen Cockburn Harrison AACMC ID: 11462950 SSN: SIN: Page: 3

ACADEMIC RECORD

Semester Hours and AMCAS grades will appear only when your application is processed

School Name	Status	Year	Term	Course Class	Course No.	Course Name	Course Type	OT Hours	Sem Hours	OT Grade	AMCAS Grade	AMCAS Use
North Carolina Central University	FR	1999	SS	HIST	1320	World Societies		3.00		A		
North Carolina Central University	FR	1999	SS	CHEM	1200	General Chemistry II		4.00		A		
North Carolina Central University	FR	1999	S1	BIOL	1300	Molecules and cell function		4.00		A		
North Carolina Central University	FR	1999	S1	FLAN	1150	Spanish I		3.00		A		
North Carolina Central University	FR	1999	S1	ENGL	1110	English I		3.00		A		
North Carolina Central University	FR	1999	S1	SSTU	1521	Dimensions of learning		3.00		B		
North Carolina Central University	FR	1999	S1	MATH	1001	College algebra/ trig I		3.00		B		
North Carolina Central University	FR	1999	S2	BIOL	4400	Intro to research		3.00		B		
North Carolina Central University	FR	1999	S2	ENGL	1120	English Comp II		3.00		A		
North Carolina Central University	FR	1999	S2	FLAN	1151	Spanish II		3.00		A		
North Carolina Central University	FR	1999	S2	CHEM	1100	General chemistry I		4.00		A		
North Carolina Central University	FR	1999	S2	MATH	1200	College Algebra/ trig II		3.00		B		
North Carolina Central University	FR	1999	S2	HEAL	1130	Weight training		2.00		A		
North Carolina Central University	SO	2000	SS	MATH	2010	Calculus/analytic geometry I		5.00		A		
North Carolina Central University	SO	2000	S1	ARTS	0511	Applied Piano		1.00		A		
North Carolina Central University	SO	2000	S1	CHEM	3100	Organic Chemistry		3.00		B		
North Carolina Central University	SO	2000	S1	BIOL	2100	Zoology		3.00		B		

Disability Services

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APR 22 2009

AMCAS APPLICATION REPORT - 2007 ENTERING CLASS

Applicant Copy

REPORT DATE: 08/11/2006 04:34 PM

SUBMISSION DATE:

PROCESSED DATE:

Applicant's Legal Name: Mr. Stephen Cockburn Harrison
Cockburn

AACMC ID: 11462950

SSN:

SIN:

Page: 4

ACADEMIC RECORD

Semester Hours and AMCAS grades will appear only when your application is Processed

School Name	Status	Year	Term	Course Class	Course No.	Course Name	Course Type	OT Hours	Sem Hours	OT Grade	AMCAS Grade	AMCAS Use
North Carolina Central University	SO	2000	S1	CHEM	3310	Organic Chem Lab I		2.00		A		
North Carolina Central University	SO	2000	S1	OTHR	1120	Freshman honors seminar		3.00		B		
North Carolina Central University	SO	2000	S1	MATH	2010	Calculus I		5.00		I		
North Carolina Central University	SO	2000	S2	BIOL	3100	Genetics		4.00		A		
North Carolina Central University	SO	2000	S2	BIOL	3200	General Microbiology		4.00		B		
North Carolina Central University	SO	2000	S2	CHEM	3120	Organic Chemistry II		3.00		A		
North Carolina Central University	SO	2000	S2	CHEM	3320	Organic Chemistry II lab		2.00		A		
North Carolina Central University	SO	2000	S2	PHYS	2110	General Physics I		4.00		B		
North Carolina Central University	JR	2001	S1	ARTS	0512	Applied piano		1.00		A		
North Carolina Central University	JR	2001	S1	BIOL	4110	Vertabrate histology		3.00		B		
North Carolina Central University	JR	2001	S1	SSTU	1130	Elements of speech		3.00		A		
North Carolina Central University	JR	2001	S1	ARTS	1410	Arts and Humanities I		3.00		A		
North Carolina Central University	JR	2001	S1	CHEM	4500	Biochemistry		3.00		W		
North Carolina Central University	JR	2001	S1	FLAN	1170	Japanese I		3.00		C		
North Carolina Central University	JR	2001	S1	ARTS	0512	Applied Piano		1.00		I		
North Carolina Central University	JR	2001	S2	BIOL	4310	Advanced anatomy and physiology		4.00		B		
North Carolina Central University	JR	2001	S2	BIOL	1220	Science Odyssey		3.00		WC		

Disability Services

APR 22 2009

AMCAS APPLICATION REPORT - 2007 ENTERING CLASS

Applicant Copy

REPORT DATE: 08/11/2006 04:34 PM SUBMISSION DATE: PROCESSED DATE: Page: 5

Applicant's Legal Name: Mr. Stephen Cockburn Harrison AAMC ID: 11462950 SSN: SIN:

ACADEMIC RECORD

Semester Hours and AMCAS grades will appear only when your application is Processed

School Name	Status	Year	Term	Course Class	Course No.	Course Name	Course Type	OT Hours	Sem Hours	OT Grade	AMCAS Grade	AMCAS Use
North Carolina Central University	JR	2001	S2	PHYS	2120	Physics II		4.00		B		
North Carolina Central University	SR	2002	S1	BIOL	2020	Basic Neurobiology		4.00		A		
North Carolina Central University	SR	2002	S1	BIOL	2400	General botany		4.00		B		
North Carolina Central University	SR	2002	S1	ARTS	2420	Arts and Humanities II		3.00		A		
North Carolina Central University	SR	2002	S1	BESS	2000	Society and Human Behavior		3.00		A		
North Carolina Central University	SR	2002	S2	ARTS	0514	Applied piano primary 4		1.00		A		
North Carolina Central University	SR	2002	S2	BIOL	4040	Senior seminar		1.00		B		
North Carolina Central University	SR	2002	S2	CHEM	5000	Biochemistry		3.00		D		
North Carolina Central University	SR	2002	S2	SSTU	1130	Freshman honors seminar	Honors (H)	3.00		B		
North Carolina Central University	SR	2002	S2	HEAL	1531	Health		2.00		B		
North Carolina Central University	SR	2002	S2	EDUC	1100	Elementary swimming		2.00		B		
North Carolina Central University	SR	2002	S2	EDUC	5411	Fitness		2.00		A		
University Of North Carolina At Chapel Hill	GR	2005	SS	CHEM		Biochemistry		3.00		P		

EDUCATION

Secondary School
 Ravenscroft School
 Raleigh, Wake, North Carolina, United States of America
 Grad Yr: 1999

AMCAS APPLICATION REPORT - 2007 ENTERING CLASS

Applicant Copy

REPORT DATE: 08/11/2006 04:34 PM SUBMISSION DATE: PROCESSED DATE: Page: 6

Applicant's Legal Name: Mr. Stephen Cockburn Harrison AAMC ID: 11462850 SSN: SIN:

Post Secondary

School	City	State/Province	Country	Dates	Program Level	Major	Minor	Degree - Degree Date
North Carolina Central University -Main Program	Durham	NC	United States of America	08/1999 - 05/2003	Undergraduate	Biology	Chemistry	Bachelor of Science - 05/2003
University Of North Carolina At Chapel Hill-Main Program	Chapel Hill	NC	United States of America	05/2006 - 07/2006	Graduate	No Major	No Minor	No Degree Expected -

VERIFIED GRADE POINT AVERAGES

GPA Calculations will appear only when your application status is Processed

Status	BCPM		AO		Total	
	GPA	Hours	GPA	Hours	GPA	Hours
High School						
Freshman						
Sophomore						
Junior						
Senior						
Postbaccalaureate Undergraduate						
Cumulative Undergraduate						
Graduate						
Supplemental Hours:	P/F - Pass:	P/F - Fail:	A/P:	CLEP:	OTHER:	

MCAT TEST SCORES

(N/R) Not Released * Non-Standardized Condition (C) Computer-Based

Test Date	Verbal	Phy Sci	Essay	Bio Sci	Total
04/22/2006 *	06	08	M	10	24M
08/14/2004	05	06	M	03	14M
08/16/2003	04	07	O	05	16O
04/26/2003	03	06	L	05	14L

OTHER TEST SCORES

Test Name	Test Date	Test Section	Test Score
-----------	-----------	--------------	------------

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1037302
MCAT -Test Scores (MCAT),
5-220-777-6

EXHIBIT 7

RAVENS CROFT SCHOOL

FOUNDED 1862



September 16, 2005

To Whom It May Concern:

This letter is to confirm that as a student at Ravenscroft School, Stephen Cockburn did qualify for and receive accommodations for extended time from the end of the tenth grade through twelfth grade. Stephen was diagnosed with a reading disability at the time in addition to a large discrepancy between his verbal and processing speed. We no longer have his testing documentation on file at Ravenscroft, but I did teach him and as program coordinator saw to it that he utilized the accommodation during all testing.

Please feel free to contact me at 847-0900 extension 2270 should you have any questions.

Sincerely,

Janet D. Smith
Janet D. Smith, M.Ed.
Academic Skills Coordinator

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Disability Services

EXHIBIT 8



James E. Shepard, Founder



1637288 5-228-777-8
N. Carolina Central Univ-

Director of Student Support Services

December 19, 2005

To Whom It May Concern:

This letter is to inform you that Mr. Stephen Cockburn did receive accommodations while a student at North Carolina Central University (2000-2003). He had a good working relationship with his instructors and did not feel the need to request services through our Office of Student Support Services. Mr. Cockburn discussed his disability with his individual professors, who, in turn, allowed him extended time and a quiet setting to take his exams.

If I can be of further assistance, please contact me.

Sincerely,

Dr. James B. Fuller, Director
Student Support Services
(919) 530-6325
jbfuller@nccu.edu

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Disability Services

EXHIBIT 9

HOWARD UNIVERSITY

Division of Student Affairs
Office of the Dean for Special Student Services

1037287 5-226-777-6
Howard Univ-Testing Accom

ACCOMMODATION MEMORANDUM

TO: Faculty Teaching Steven Cockburn

FROM: 
Cypriana Bullock,
Administrative Assistant

DATE: Tuesday January 13, 2009

SEMESTER: Spring 2009

Steven Cockburn (ID@02592087) has provided documentation to this office of a disability that affects his academic performance. Howard University is committed to complying with both the letter and spirit of the law, Section 504, Rehabilitation Act, and the Americans with Disabilities Act.

Please be aware that these laws specifically require that disabled students be afforded reasonable accommodations as recommended by an appropriately licensed clinician. **This letter is not retroactive. Letters will go into effect the day that it is given to the professor.** The Office of the Dean for Special Student Services receives and reviews those accommodations and informs faculty as appropriate of the resulting accommodations that must be provided. Therefore, you are hereby notified of Mr. Cockburn's accommodations:

1. Extended time (double-time) on tests and examinations.

***Note: Please contact the Office of the Dean for Special Services or the ADA Coordinator in your school/college for all questions and concerns. Do not address concerns with student. Do not question student about the nature of his/her disability.**

If there are any questions, please do not hesitate to contact me at 202-238-2420.

Instructor Signature

Date received

- ☐ Please return to: Office of the Dean for Special Students Services, Howard Center, and Suite 725
- ☐ Retain for your files
- ☐ Student Copy

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Disability Services



EXHIBIT 10

Disability Services

EXHIBIT 11

HOWARD
UNIVERSITY

College of Medicine
Office of the Dean



July 13, 2009

Disability Service
Attn: Maria
National Board of Medical Examiners
3750 Market Street
Philadelphia, PA 19104-3102

To Whom It May Concern:

For over the past two years Mr. Cockburn qualified for and has received special accommodations from the Howard University College of Medicine for all tests, quizzes, and lab exams. His accommodations included extra time (double time) and a separate quiet room. During the times that I have personally proctored Mr. Cockburn, he has often used the entire extra time to complete his exams. Mr. Cockburn attests that extra time (double time) is a much needed accommodation that allows him to be successful in his medical training. I wish him a very successful career in Medicine.

Please feel free to contact me regarding this matter.

Sincerely,

A handwritten signature in black ink, appearing to read "Scott Satterlund".

Dr. Scott Satterlund
Director- Office of Curriculum
Howard University College of Medicine
4308 P.G. Adams Building
520 "W" St., NW
Washington, D.C.
202-806-9703
ssatterlund@howard.edu

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JUL 17 2009

Disability Services

